

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014952

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

5122

Registrar's No.

275

STATE FILE NUMBER

FILED APR 18 1963

VS 300 Rev. 4/59	DATE AMENDED	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1. PLACE OF DEATH a. COUNTY Boone	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Boone	3. NAME OF DECEASED (Type or print) Azelma Harriet Parsons	4. DATE OF DEATH Month April Day 12 Year 1963	5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1888	9. AGE (last birthday) 74	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Steel Co.	11. BIRTHPLACE (City and state or country) Fort Scott, Kansas USA	12. CITIZEN OF WHAT COUNTRY USA	13a. FATHER'S NAME Richard B. Parsons	13b. MOTHER'S MAIDEN NAME Amanda Pierce	14. NAME OF HUSBAND OR WIFE Never Married	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT Mrs. A. G. Pierce Hallsville, Mo.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Myocarditis Chronic DUE TO (c) Atherosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	20c. TIME OF INJURY Hour 4-15-63 a.m. 10:00 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Columbia, Mo.	20g. COUNTY Columbia	20h. STATE Mo.	21. I attended the deceased from June 1961 to April 63 and last saw her alive on March 29, 63 . Death occurred at 4-15-63 10:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	22a. SIGNATURE R. E. Palmer (Degree or title)	22b. ADDRESS Columbia, Mo.	22c. DATE SIGNED 4-12-63 (State)	23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/15/1963	23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery	23d. LOCATION (City, town, or county) Ottawa, Kansas	24. FUNERAL DIRECTOR Lyman Sprinkle Columbia, Mo.	25. DATE RECD. BY LOCAL REG. Apr 12, 1963	26. REGISTRAR'S SIGNATURE Mrs. R. E. Palmer																																																														

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by David Duffy, Student Embalmer No. 680

working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.